Agency Name:

Enter Units in the appropriate columns for refunds.

Client Last Name	First Name	Social Security Number	Month of Refund	Community-Based Sheltered Employment	Supported Employment Follow Along	Transportation	Group Hab. Training	Group Occupational Therapy	Group Speech Therapy	Indiv. Hab-Community, Direct	Indiv. Hab-Facility, Direct	Indiv. Occ. Therapy	Indiv. Physical Therapy	Indiv. Speech Therapy
				1801.2	1801.3	1801.a	1801.gh	.GO	.GS	1801.icb	1801.ifb	1801.io	1801.ip	1801.is
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